

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| | |
|---|---|
| 1. File Number U - <u>3506</u> | 2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u> |
| 3. Name and address of person filing. Name <u>SAM</u> <u>MARTINEZ</u> P.O. Box, Bldg., Room No., if any <u>PO Box 306</u> Street <u>13830 SAN ANTONIO DRIVE</u> City <u>NORWALK</u> State <u>CA</u> ZIP Code + 4 <u>90651-0306</u> | 4. Name, file number, and address of labor organization. Name <u>SHOPMEN'S LOCAL Union No. 509</u> Labor Organization File Number <u>015540</u> P.O. Box, Building and Room Number, if any <u>PO Box 306</u> Street <u>13830 SAN ANTONIO DRIVE</u> City <u>NORWALK</u> State <u>CA</u> ZIP Code + 4 <u>90651-0306</u> |
| 5. Position in labor organization. <u>FINANCIAL SECRETARY-TREASURER/BUSINESS MANAGER</u> | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

| | |
|--|--|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____ | 7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____ |

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Samuel Martinez

On

7-8-06
Date

(562) 868-9883
Telephone Number

| | | | |
|--|--|---|--|
| Name of Person Filing SAM MARTINEZ | | File Number U- 3506 | |
| B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. | | | |
| 8. Name and address of Business (including trade name, if any). Name SHOPMEN'S IRON WORKERS TRUST FUNDS Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any SUITE 150 Street 4399 SANTA ANITA AVE. City EL MONTE State CA ZIP Code + 4 91102-2590 | | 9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____ | | 11.a. Nature of such dealing. <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Receives contributions from employers who have collective bargaining contracts with Local 509 - ~\$4,700,000. </div> | |
| 11.b. Approximate dollar value of such dealing. \$4,700,000.00 | | 12.a. Nature of interest held or income received. <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> ADVANCE ON REIMBURSABLE EXPENSES to attend International Foundation Annual Benefits Conference - \$2,500.00 TRUSTEE on TRUST FUNDS, food & refreshments AT TRUST FUND meetings - \$60.35 </div> | |
| 12.b. Amount. \$2,560.35 | | 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____ | |
| 13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ? | | 14.a. Nature of payment. <div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div> | |
| 14.b. Amount of payment. | | <div style="border: 1px solid black; height: 30px; width: 100%;"></div> | |